



**National Fire Fighter Near-Miss Reporting System
2011 Near-Miss Calendar Reports
December – EMS Safety**

Report #	Synopsis	Page #
06-396	School children exposed to potential needle-sticks during ambulance tour.	2
10-365	Body substance isolation forgotten on medical call.	3
06-447	Size-up at a medical scene	4
10-531	Missing eye protection leads to severe injury.	6
10-404	Exposure on the accident scene.	7
06-320	Standing in rear of Ambulance while responding falls and is injured.	8

Report Number: 06-396
Report Date: 08/01/2006 1501

Synopsis

School children exposed to potential needle-sticks during ambulance tour.

Demographics

Department type: Paid Municipal
Job or rank: Other: HSO
Department shift: 24 hours on - 72 hours off
Age: 34 - 42
Years of fire service experience: 21 - 23
Region: FEMA Region IV
Service Area: Rural

Event Information

Event type: On-duty activities: apparatus and station maintenance, meetings, tours, etc.
Event date and time: 10/10/2005 1000
Hours into the shift: 5 - 8
Event participation: Involved in the event
Do you think this will happen again? Uncertain

- Situational Awareness

What do you believe is the loss potential?

- Life threatening injury

Event Description

During a tour of an ALS ambulance children were given the opportunity to walk through the patient area of the ambulance. The children in groups of five would climb into the unit. They would then be seated on the bench. The students would ask questions concerning the equipment. The group age varied from 9- 12 years old. One of the children lifted a door on a sharps box and stuck his finger into the opening. I stopped the child just in time. What a mess that would have been if the child suffered a needle stick. Little things can be a big problem. Think ahead.

Lessons Learned

Watch children during tours at all times! Remove or tape up all sharp box's prior to tours of ambulances.

Reviewers note: In addition to the hazard of sharps containers, it may be better to keep children outside the ambulance compartment due to potential exposure to germs and body fluids. It can also be difficult to monitor large groups in areas where syringes, other medical devices, and narcotics must be closely guarded.

Report Number: 10-365
Report Date: 03/08/2010 1407

Synopsis

Body substance isolation forgotten on medical call.

Demographics

Department type: Combination, Mostly paid
Job or rank: Fire Fighter
Department shift: 24 hours on - 48 hours off
Age: 25 - 33
Years of fire service experience: 0 - 3
Region: FEMA Region V
Service Area: Suburban

Event Information

Event type: Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service calls, etc

Event date and time: 05/15/2007 0001

Hours into the shift:

Event participation: Involved in the event

Weather at time of event: Clear and Dry

- Human Error

What do you believe is the loss potential?

- Life threatening injury

Event Description

While working an EMS call, I did not put on latex gloves when dealing with a bleeding patient. I had some lacerations on my hand and the patient's blood got into a cut. I went to the hospital and was tested for communicable diseases. I was trying to work too fast and forgot to take care of myself first. Luckily the patient was free of disease.

Lessons Learned

I should have made better decisions including wearing protective gloves and slowing down.

Report Number: 06-447
Report Date: 08/29/2006 21:15

Synopsis

Size-up at a medical scene

Demographics

Department type: Paid Municipal
Job or rank: Battalion Chief / District Chief
Department shift: 24 hours on - 24 hours off
Age: 43 - 51
Years of fire service experience: 17 - 20
Region: FEMA Region IX
Service Area: Suburban

Event Information

Event type: Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service calls, etc
Event date and time: 08/28/2006 06:23
Hours into the shift: 21 - 24
Event participation: Involved in the event
Weather at time of event:
Do you think this will happen again? Yes
What were the contributing factors?
What do you believe is the loss potential?

Event Description

Engine & PM Squad responded to a medical aid. Upon entry into the residence, FD personnel detected a strong "Sewer" smell. All occupants were evacuated from the home (husband & wife).

A 69 y.o. male was sleeping in bed when someone laddered the exterior of the house, opened his window, and poured an unknown product on the sleeping man. The man was in severe pain presenting with SLUDGE symptoms. Once the man was brought to the front lawn area, he was deconned for approx. 15 minutes with soap & water using the Engine Company decon bucket. Atmospheric monitoring was conducted and the utilities were secured. Paramedics transported the patient to local hospital's decon shower area adjacent to the ER.

Battalion Chief was requested. A Hazardous Materials team and Health Hazmat were then requested. Off gassing of the unknown liquid was observed venting from the open bedroom window. Adjacent residents in all directions were evacuated; including a home daycare, two doors south (a total of 6 homes). The police was requested for crime scene purposes. A unified Command was established. A site safety plan was completed by the BC.

The product's pH was 0, indicating an acid.

Exposure reports will be completed for all personnel who were exposed. No Fire personnel experienced any medical complaints/symptoms.

Patient reportedly was intubated with severe airway compromise & possible blindness.

Lessons Learned

Engine Company was anticipating a medical aid based on the dispatch. Conducting thorough size ups on all responses is vital. Good situational awareness and training resulted in solid decision making and performance.

Report Number: 10-531

Report Date: 03/24/2010 11:20

Synopsis

Missing eye protection leads to severe injury.

Demographics

Department type: Paid Municipal

Job or rank: Captain

Department shift: Straight days (8 hour)

Age: 43 - 51

Years of fire service experience: 21 - 23

Region: FEMA Region I

Service Area: Urban

Event Information

Event type: Fire emergency event: structure fire, vehicle fire, wildland fire, etc.

Event date and time: 01/25/2005 00:00

Hours into the shift:

Event participation: Involved in the event

Weather at time of event: Clear with Frozen Surfaces

Do you think this will happen again?

What were the contributing factors?

- Human Error
- Procedure

What do you believe is the loss potential?

- Lost time injury

Event Description

While operating at a single family residential structure fire in the basement, a member had water splash onto his face. The fire was small, involving one bay on floor 1 of a bathroom. A ladder company opened the wall on floor 1, and the engine company pulled down the debris into the basement while the hose line in the basement operated. There was not much smoke in the basement and the engine company members were not on air. The nozzle man was hitting the burning debris and water splashed back onto him, hitting him in the face. Some hours after the fire, the member had irritation in his left eye. The next day, the member could not see out of his left eye and went to the hospital, where it was learned that he had a bacteria in his eye ball. If it had spread to his brain, it could have been fatal.

This injury could have been avoided if the member had put his face mask on while operating in the basement.

Lessons Learned

The department started to use a mandatory SCBA policy and a safety officer.

Report Number: 10-404

Report Date: 03/09/2010 14:50

Synopsis

Exposure on the accident scene.

Demographics

Department type: Paid Municipal

Job or rank: Fire Fighter

Department shift: 24 hours on - 48 hours off

Age: 16 - 24

Years of fire service experience: 0 - 3

Region: FEMA Region IV

Service Area: Urban

Event Information

Event type: Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service calls, etc

Event date and time: 03/01/2006 06:00

Hours into the shift:

Event participation: Involved in the event

Weather at time of event: Cloudy and Dry

Do you think this will happen again?

What were the contributing factors?

- Individual Action
- Equipment

What do you believe is the loss potential?

Event Description

Our shift was called out to a two car MVC with ejection, entrapment and injuries. We arrived on the scene and started our size up. There was a language barrier. There were a total of six patients; three patients in one vehicle entrapped, one in the other vehicle and two ejected on the edge of the roadway. Triage was the best option. After patient assessment of the two ejected victims, they were pronounced deceased. Out of the three patients entrapped, two were red tagged. The other two patients had minor injuries. After extrication ended, I assisted loading one of the critical patients and stayed in the ambulance with him and the medics to help with secondary survey. The patient had serious facial injuries and was fighting the O2 mask on him. I leaned over his head to adjust it, and suddenly he coughed up blood and it got into my eyes. I very quickly rinsed my eyes out and told my officer what had happened. We started our department blood borne pathogen procedure. I am happy to say after several tests (for me and my patient) there was no blood borne pathogens present.

Lessons Learned

Don't put yourself in an easy position to be exposed to blood or other bodily fluids. Wear gloves, mask and gown if there is a high exposure risk. Always be aware of patient's injuries and be prepared for what they may do.

Report Number: 06-320

Report Date: 06/16/2006 23:52

Synopsis

Standing in rear of Ambulance while responding falls and is injured.

Demographics

Department type: Volunteer

Job or rank: Other : EMT

Department shift: Stand-by (in-station)

Age: 16 - 24

Years of fire service experience: 0 - 3

Region: FEMA Region III

Service Area: Suburban

Event Information

Event type: Other

Event date and time: 09/25/2005 08:00

Hours into the shift: 0 - 4

Event participation: Involved in the event

Weather at time of event:

Do you think this will happen again? Yes

What were the contributing factors?

- Fatigue
- Procedure
- Other
- Equipment
- Individual Action

What do you believe is the loss potential?

- Minor injury
- Lost time injury

Event Description

Dispatched to an unresponsive diabetic in a very rural area of our coverage, waking the crew up from sleep, thus we were all a little groggy. This required us to take an older Type II ambulance that is not normally run on calls, because of the tight one lane dirt road, all of our other units are either Type I or III boxes. While en route to the call with a crew of three, the medic asked for a line to be prepared and drug box taken out of its locker. While standing up to get the fluid bag and tubing for the IV, the driver braked hard to avoid a car that pulled out in front of the unit. This caused me to fly up and get wedged between the captain's seat and the drug box locker. In doing so, I was cut on the underside of my left wrist, most likely from a sharp edge of the seat box or locker due to the old ambulance design. I cleaned the wound with a 4x4 gauze pad and continued preparing the line. While on scene, the medic had trouble with the IV, and blood was everywhere. Upon arrival at the hospital, I noted that I had fresh blood on the wound, which I assumed was that of the victim. This caused me to have to get blood drawn and in doing so, was unable to respond to the next call.

Lessons Learned

Always remain seated when in emergency response mode, if possible. If not, keep the 3 points of contact in mind. Also, be sure to pad all edges in the back of the unit to prevent injury. Also, cover all wounds before arriving.

